

30.2.0 LIFE ESTATE & REMAINDER INTEREST

AGE	LIFE ESTATE	REMAINDER	AGE	LIFE ESTATE	REMAINDER
0	.97188	.02812	42	.90457	.09543
1	.98988	.01012	43	.89855	.10145
2	.99017	.00983	44	.89221	.10779
3	.99008	.00992	45	.88558	.11442
4	.98981	.01019	46	.87863	.12137
5	.98938	.01062	47	.87137	.12863
6	.98884	.01116	48	.86374	.13626
7	.98822	.01178	49	.85578	.14422
8	.98748	.01252	50	.84743	.15257
9	.98663	.01337	51	.83674	.16126
10	.98565	.01435	52	.82969	.17031
11	.98453	.01547	53	.82028	.17972
12	.98329	.01671	54	.81054	.18946
13	.98198	.01802	55	.80046	.19954
14	.98066	.01934	56	.79006	.20994
15	.97937	.02063	57	.77931	.22068
16	.97815	.02185	58	.76822	.23178
17	.97700	.02300	59	.75675	.24325
18	.97590	.02410	60	.74491	.25509
19	.97480	.02520	61	.73267	.27633
20	.97365	.02635	62	.72002	.27998
21	.97245	.02755	63	.70696	.29304
22	.97120	.02880	64	.69352	.30648
23	.96986	.03014	65	.67970	.32030
24	.96841	.03159	66	.66551	.33449
25	.96678	.03322	67	.65098	.34902
26	.96495	.03505	68	.63610	.36390
27	.96290	.03710	69	.62086	.37914
28	.96062	.03938	70	.60522	.39478
29	.95813	.04187	71	.58914	.41086
30	.95543	.04457	72	.57261	.42739
31	.95254	.04746	73	.55571	.44429
32	.94942	.05058	74	.53862	.46138
33	.94608	.05392	75	.52149	.47851
34	.94250	.05750	76	.50441	.49559
35	.93868	.06132	77	.48742	.51258
36	.93460	.06540	78	.47049	.52951
37	.93026	.06974	79	.45357	.54643
38	.92567	.07433	80	.43659	.56341
39	.92083	.07917	81	.41967	.58033
40	.91571	.08429	82	.40295	.59705
41	.91030	.08970	83	.38642	.61358

30.2.0 LIFE ESTATE & REMAINDER INTEREST

AGE	LIFE ESTATE	REMAINDER	AGE	LIFE ESTATE	REMAINDER
84	.36998	.63002	99	.20486	.79514
85	.35359	.64641	100	.19975	.80025
86	.33764	.66236	101	.19532	.80468
87	.32262	.67738	102	.19054	.80946
88	.30859	.69141	103	.18437	.81563
89	.29526	.70474	104	.17856	.82144
90	.28221	.71779	105	.16962	.83038
91	.26955	.73045	106	.15488	.84512
92	.25771	.74229	107	.13409	.86591
93	.24692	.75308	108	.10068	.89932
94	.23728	.76272	109	.04545	.95455
95	.22887	.77113			
96	.22181	.77819			
97	.21550	.78450			
98	.21000	.79000			

The source of the Life Estate & Remainder Interest Table is 26 CFR 20.2031 (49 Federal Register, Vol. 49, No. 93, May 11, 1984). The version of the table published here is from the Social Security Administration's Policy & Operations Manual Series (POMS), Section 01140.120.

30.3.0 COUNTY & TRIBE AREAS

30.3.0 County &
Tribe Area

Use this list to determine which column to use in the AFDC-related categorically needy income test.

If a municipality is in 2 counties, use the area for the county in which the MA fiscal group resides.

If a pregnant woman is in a maternity home, use the area in which the home is located, even though the county of residence making the payment is in the other area. For example, if her county of residence is Vilas (Area 2) and she is in a maternity home in Milwaukee (Area 1), Vilas county pays at the Area 1 rate.

30.3.1 Area 1

Brown	Kenosha	Outagamie	Sheboygan
Dane	La Crosse	Ozaukee	Washington
Dodge	Marathon	Racine	Waukesha
Dunn	Manitowoc	Rock	Winnebago
Eau Claire	Milwaukee	St. Croix	Winnebago Tribe*

30.3.2 Area 2

Adams	Green	Menominee	Sauk
Ashland	Green Lake	Menominee Tribe	Sawyer
Bad River	Iowa	Mole Lake	Shawano
Barron	Iron	Monroe	Stockbridge
Bayfield	Jackson	Oconto	-Munsee
Buffalo	Jefferson	Oneida	Taylor
Burnett	Juneau	Pepin	Trempealeau
Calumet	Kewaunee	Pierce	Vernon
Chippewa	Lac Courte	Polk	Vilas
Clark	Oreilles	Portage	Walworth
Columbia	Lac du	Potawatomi	Washburn
Crawford	Flambeau	Price	Waupaca
Door	Lafayette	Red Cliff	Wausara
Douglas	Langlade	Richland	Winnebago Tribe
Florence	Lincoln	Rusk	Wood
Forest	Marinette	St. Croix	
Grant	Marquette	Tribe	

*Only if residing on tax-free land in La Crosse or Marathon County. All other locations are Area 2.

30.4.0 AFDC-REALTED INCOME

30.4.0 AFDC-Related Income Table

Group Size	Categorically Needy		Medically Needy
	Area I	Area II	
1	\$ 311	\$ 301	\$ 591.67
2	\$ 550	\$ 533	\$ 591.67
3	\$ 647	\$ 626	\$ 689.33
4	\$ 772	\$ 749	\$ 822.67
5	\$ 886	\$ 861	\$ 944.00
6	\$ 958	\$ 929	\$1,021.33
7	\$ 1,037	\$ 1,007	\$1,105.33
8	\$ 1,099	\$ 1,068	\$1,172.00
9	\$ 1,151	\$ 1,117	\$1,226.67
10	\$ 1,179	\$ 1,143	\$1,257.33
11	\$ 1,204	\$ 1,168	\$1,284.00
12	\$ 1,229	\$ 1,193	\$1,310.67
13	\$ 1,254	\$ 1,218	\$1,337.33
14	\$ 1,279	\$ 1,243	\$1,364.00
15	\$ 1,304	\$ 1,268	\$1,390.67
16	\$ 1,329	\$ 1,293	\$1,417.33
17	\$ 1,354	\$ 1,318	\$1,444.00
18	\$ 1,379	\$ 1,343	\$1,470.67
+	+25 each person above 18	+25 each person above 18	+26.67 each person above 18

30.5.0 EBD ASSETS & INCOME

30.5.0 Elderly, Blind, and Disabled (EBD) Assets & Income Table

Category	Group Size	
	1	2
EBD Categorically Needy Limits	Assets \$2,000 Income \$451.78 (+ actual shelter up to \$184.00)	Assets \$3,000 Income \$684.72 (+ actual shelter up to \$276.33)
EBD Medically Needy Limits	Assets \$2,000 Income \$591.67	Assets \$3,000 Income \$591.67
SSI Payment Level		
Federal SSI Payment Level	Income \$552.00	Income \$829.00
State Supplementary Payment (SSP)	Income \$ 83.78	Income \$132.05
TOTAL	Income \$635.78	Income \$961.05
SSI Payment Level + E Supplement	Income \$731.77	
SSI E Supplement	Income \$95.99	
Community Waivers Special Income Limit	Income \$1,656.00	Income \$3,312.00
Institutions Categorically Needy Income Limit	Income \$1,656.00	

30.5.0 EBD ASSETS & INCOME

30.5.1 EBD Deductions and Allowances

	Description	Amount
1	Personal Needs Allowance (effective 7/1/01)	\$45.00
2	EBD Maximum Personal Maintenance Allowance	\$1,114.00
3	EBD Deeming Amount to an Ineligible Minor	\$277.00
4	Community Waivers Basic Needs Allowance	\$732.00
5	Parental Living Allowance for Disabled Minors 1 Parent	\$552.00
	2 Parent	\$829.00
6	MAPP Standard Living Allowance (SLA) SLA = SSI + State Supplement + \$20	\$655.00

30.6.0 FEDERAL POVERTY LEVEL (FPL) Table

group size	100% FPL	120% FPL	133% FPL	135% FPL	150% FPL	175% FPL	185% FPL	200% FPL	250%
1	\$748.33	\$898.00	\$995.28	\$1,010.25	\$1,122.50	\$1,309.58	\$1,384.42	\$1,496.67	\$1,870.83
2	\$1,010.00	\$1,212.00	\$1,343.30	\$1,363.50	\$1,515.00	\$1,767.50	\$1,868.50	\$2,020.00	\$2,525.00
3	\$1,271.67	\$1,526.00	\$1,691.32	\$1,716.75	\$1,907.50	\$2,225.42	\$2,352.58	\$2,543.33	\$3,179.17
4	\$1,533.33	\$1,840.00	\$2,039.33	\$2,070.00	\$2,300.00	\$2,683.33	\$2,836.67	\$3,066.67	\$3,833.33
5	\$1,795.00	\$2,154.00	\$2,387.35	\$2,423.25	\$2,692.50	\$3,141.25	\$3,320.75	\$3,590.00	\$4,487.50
6	\$2,056.67	\$2,468.00	\$2,735.37	\$2,776.50	\$3,085.00	\$3,599.17	\$3,804.83	\$4,113.33	\$5,141.67
7	\$2,318.33	\$2,782.00	\$3,083.38	\$3,129.75	\$3,477.50	\$4,057.08	\$4,288.92	\$4,636.67	\$5,795.83
8	\$2,580.00	\$3,096.00	\$3,431.40	\$3,483.00	\$3,870.00	\$4,515.00	\$4,773.00	\$5,160.00	\$6,450.00
9	\$2,841.67	\$3,410.00	\$3,779.42	\$3,836.25	\$4,262.50	\$4,972.92	\$5,257.08	\$5,683.33	\$7,104.17
10	\$3,103.33	\$3,724.00	\$4,127.43	\$4,189.50	\$4,655.00	\$5,430.83	\$5,741.17	\$6,206.67	\$7,758.33
11	\$3,365.00	\$4,038.00	\$4,475.45	\$4,542.75	\$5,047.50	\$5,888.75	\$6,225.25	\$6,730.00	\$8,412.50
12	\$3,626.67	\$4,352.00	\$4,823.47	\$4,896.00	\$5,440.00	\$6,346.67	\$6,709.33	\$7,253.33	\$9,066.67
13	\$3,888.33	\$4,666.00	\$5,171.48	\$5,249.25	\$5,832.50	\$6,804.58	\$7,193.42	\$7,776.67	\$9,720.83
14	\$4,150.00	\$4,980.00	\$5,519.50	\$5,602.50	\$6,225.00	\$7,262.50	\$7,677.50	\$8,300.00	\$10,375.00
15	\$4,411.67	\$5,294.00	\$5,867.52	\$5,955.75	\$6,617.50	\$7,720.42	\$8,161.58	\$8,823.33	\$11,029.17
16	\$4,673.33	\$5,608.00	\$6,215.53	\$6,309.00	\$7,010.00	\$8,178.33	\$8,645.67	\$9,346.67	\$11,683.33
17	\$4,935.00	\$5,922.00	\$6,563.55	\$6,662.25	\$7,402.50	\$8,636.25	\$9,129.75	\$9,870.00	\$12,337.50
18	\$5,196.67	\$6,236.00	\$6,911.57	\$7,015.50	\$7,795.00	\$9,094.17	\$9,613.83	\$10,393.33	\$12,991.67
19	\$5,458.33	\$6,550.00	\$7,259.58	\$7,368.75	\$8,187.50	\$9,552.08	\$10,097.92	\$10,916.67	\$13,645.83
20	\$5,720.00	\$6,864.00	\$7,607.60	\$7,722.00	\$8,580.00	\$10,010.00	\$10,582.00	\$11,440.00	\$14,300.00
21	\$5,981.67	\$7,178.00	\$7,955.62	\$8,075.25	\$8,972.50	\$10,467.92	\$11,066.08	\$11,963.33	\$14,954.17
22	\$6,243.33	\$7,492.00	\$8,303.63	\$8,428.50	\$9,365.00	\$10,925.83	\$11,550.17	\$12,486.67	\$15,608.33
23	\$6,505.00	\$7,806.00	\$8,651.65	\$8,781.75	\$9,757.50	\$11,383.75	\$12,034.25	\$13,010.00	\$16,262.50
24	\$6,766.67	\$8,120.00	\$8,999.67	\$9,135.00	\$10,150.00	\$11,841.67	\$12,518.33	\$13,533.33	\$16,916.67
each additional person	\$261.67	\$314.00	\$348.02	\$353.25	\$392.50	\$457.92	\$484.08	\$523.33	\$654.17
	•Kids 6 Through 18 •QMB	•SLMB	•Cat Needy Pregnant Women •PE •kids <6	•SLMB+	•BC premium limit •MAPP premium limit	•ALMB	•Med Needy Pregnant Women •PE •kids <6 •BC applicant premium limit •FPW	•QDWI •BC recipient limit	•MAPP

30.7.0 COLA DISREGARD AMOUNT TABLE

To calculate the Cost-of-Living Adjustment (COLA) disregard amount, do the following:

1. Find the AG's current gross Old Age Survivors Disability Insurance (OASDI) income. The gross OASDI income is the amount of the OASDI check **plus** any amount that has been withheld for a Medicare premium **plus** any amount with-held to repay an earlier overpayment.
2. Do not include in the gross income any Medicare Plan B premiums which the State has purchased for the AG.
3. On the COLA Disregard Amount Table below find the last month in which the person was eligible for and received a check for both OASDI and Supplemental Security Income (SSI).
4. Find the decimal figure that applies to this month.
5. Multiply the person's current gross OASDI income by the applicable decimal figure. The result is the COLA disregard amount.

COLA Disregard Amount Table	
January 2002-December 2002	0.013807
January 2001-December 2001	0.038798
	0.071302
January 2000-December 2000	
January 1999-December 1999	0.093069
January 1998-December 1998	0.104708
January 1997-December 1997	0.123122
January 1996-December 1996	0.147835
January 1995-December 1995	0.16943
January 1994-December 1994	0.192052
January 1993-December 1993	0.212526
January 1992-December 1992	0.235463
January 1991-December 1991	0.262741
January 1990-December 1990	0.300513
January 1989-December 1989	0.331913
January 1988-December 1988	0.357609
January 1987-December 1987	0.383502
January 1986-December 1986	0.391414
January 1985-December 1985	0.409713
January 1984-December 1984	0.429674
July 1983-December 1983	0.44896
July 1981-June 1982	0.486928
July 1980-June 1981	0.538604
July 1979-June 1980	0.596329
July 1978-June 1979	0.632692
July 1977-June 1978	0.65511
July 1976-June 1977	0.674325
July 1975-June 1976	0.693915
January 1975-June 1975	0.716588

30.9.0 HOSPITAL DAILY RATES

City	Hospital Name	Average IP Daily Charge Based on Gross Inpatient Revenue*
Amery	Amery Regional Medical Center	2,089.80
Antigo	Langlade Memorial Hospital	2,138.75
Appleton	Appleton Medical Center	2,619.86
Appleton	St. Elizabeth Hospital	2,116.37
Arcadia	Franciscan Skemp Healthcare-Arcadia	3,092.15
Ashland	Memorial Medical Center, Inc.	1,482.73
Baldwin	Baldwin Area Medical Center, Inc.	2,533.16
Baraboo	St. Clare Hospital and Health Services	2,179.26
Barron	Barron Medical Center, Mayo Health System	1,954.05
Beaver Dam	Beaver Dam Community Hospitals, Inc.	2,668.64
Beloit	Beloit Memorial Hospital, Inc.	2,372.91
Berlin	Berlin Memorial Hospital	2,281.50
Black River Falls	Black River Memorial Hospital	2,008.27
Bloomer	Bloomer Medical Center, Mayo Health System, Inc.	2,650.71
Boscobel	Boscobel Area Health Care	2,223.16
Brookfield	Elmbrook Memorial Hospital	2,939.91
Burlington	Memorial Hospital Corporation of Burlington	3,388.85
Chilton	Calumet Medical Center, Inc.	2,275.09
Chippewa Falls	St. Joseph's Hospital	1,328.26
Columbus	Columbus Community Hospital, Inc.	2,189.11
Cumberland	Cumberland Memorial Hospital and ECU	1,401.31
Darlington	Memorial Hospital of Lafayette County	2,176.27
Dodgeville	Upland Hills Health	2,319.07
Durand	Chippewa Valley Hospital	4,079.93
Eagle River	Eagle River Memorial Hospital, Inc.	2,089.94
Eau Claire	Luther Hospital	2,856.90
Eau Claire	Sacred Heart Hospital	2,048.11
Edgerton	Memorial Community Hospital	4,277.41
Elkhorn	Lakeland Medical Center, Inc.	2,818.54
Fond du Lac	Agnesian HealthCare, Inc.	2,038.43
Fond Du Lac	Fond du Lac County Department of Com. Prog.	542.75
Fort Atkinson	Fort Atkinson Memorial Health Services	1,611.49
Friendship	Adams County Memorial Hospital	2,122.78
Grantsburg	Burnett Medical Center, Inc.	2,463.85
Green Bay	Bellin Memorial Hospital	3,203.79
Green Bay	Bellin Psychiatric Center	1,127.78
Green Bay	Brown County Mental Health Center	604.30
Green Bay	Libertas Treatment Center	599.69

* Average Daily Charge is the sum of Gross Inpatient Revenue and Gross Inpatient Ancillary Revenue divided by Total Discharge Days.

30.9.0 HOSPITAL DAILY RATES

Green Bay	St. Mary's Hospital Medical Center	2,150.08
Green Bay	St. Vincent Hospital	2,181.42
Greenfield	Kindred Hospital-Milwaukee	2,863.08
Hartford	Aurora Medical Center	1,951.60
Hayward	Hayward Area Memorial Hospital	2,499.17
Hillsboro	St. Joseph's Comm. Health Services, Inc.	3,214.87
Hudson	Hudson Hospital	3,123.36
Janesville	Mercy Health System Corporation	2,959.12
Janesville	Rock County Psychiatric Hospital	627.07
Kenosha	Aurora Medical Center - Kenosha	3,394.71
Kenosha	Children's Hospital of WI, Inc. - Kenosha	1,583.90
Kenosha	Kenosha Hospital and Medical Center	3,002.25
La Crosse	Franciscan Skemp Healthcare - La Crosse	2,472.35
La Crosse	Gundersen Lutheran Medical Center, Inc.	3,399.28
Ladysmith	Rusk Co. Memorial Hospital and Nursing Home	1,713.81
Lancaster	Grant Regional Health Center, Inc.	2,827.16
Madison	Mendota Mental Health Institute	577.84
Madison	Meriter Hospital, Inc.	2,740.11
Madison	St. Mary's Hospital Medical Center	2,785.67
Madison	University of WI Hospital and Clinics Authority	3,171.65
Manitowoc	Holy Family Memorial Medical Center	2,349.37
Marinette	Bay Area Medical Center	1,985.82
Marshfield	Norwood Health Center	662.10
Marshfield	Saint Joseph's Hospital	2,693.24
Mauston	Hess Memorial Hospital	2,500.85
Medford	Memorial Health Center, Inc.	2,079.43
Menomonee Falls	Community Memorial Hospital	2,527.08
Menomonie	Myrtle Werth Hospital-Mayo Health System	2,020.15
Mequon	St. Mary's Hospital-Ozaukee	2,626.39
Merrill	Good Samaritan Health Center	1,862.32
Milwaukee	Aurora Sinai Medical Center	3,504.31
Milwaukee	Children's Hospital of Wisconsin	4,109.72
Milwaukee	Columbia Hospital, Inc.	3,142.63
Milwaukee	Froedtert Memorial Lutheran Hospital	3,763.75
Milwaukee	Milwaukee County Mental Health Complex	658.69
Milwaukee	Sacred Heart Rehabilitation Institute	1,590.18
Milwaukee	St. Joseph's Hospital	2,870.63
Milwaukee	St. Luke's Medical Center	4,194.60
Milwaukee	St. Mary's Hospital-Milwaukee	3,038.61

* Average Daily Charge is the sum of Gross Inpatient Revenue and Gross Inpatient Ancillary Revenue divided by Total Discharge Days.

30.9.0 HOSPITAL DAILY RATES

Milwaukee	St. Michael Hospital	3,041.39
Monroe	The Monroe Clinic	2,821.34
Neenah	Theda Clark Medical Center	2,123.14
Neillsville	Memorial Hospital, Inc	2,546.27
New London	New London Family Medical Center	2,048.86
New Richmond	Holy Family Hospital	2,331.20
Oconomowoc	Oconomowoc Memorial Hospital	2,756.58
Oconomowoc	Rogers Memorial Hospital	845.81
Oconto	Oconto Memorial Hospital, Inc.	2,419.99
Oconto Falls	Community Memorial Hospital	2,436.47
Osceola	Osceola Medical Center	2,533.79
Oshkosh	Mercy Medical Center of Oshkosh	2,204.91
Osseo	Osseo Area Hospital and Nursing Home, Inc.	8,485.86
Park Falls	Flambeau Hospital, Inc.	2,149.84
Platteville	Southwest Health Center, Inc.	2,053.36
Portage	Divine Savior Healthcare	2,096.57
Prairie Du Chien	Prairie du Chien Memorial Hospital	2,986.91
Prairie Du Sac	Sauk Prairie Memorial Hospital	2,575.36
Racine	All Saints-St. Luke's Hospital, Inc.	1,500.18
Racine	All Saints-St. Mary's Medical Center, Inc.	2,203.06
Reedsburg	Reedsburg Area Medical Center	2,252.02
Rhineland	Saint Mary's Hospital, Inc.	2,601.07
Rice Lake	Lakeview Medical Center	1,649.24
Richland Center	The Richland Hospital, Inc.	2,376.05
Ripon	Ripon Medical Center	2,345.92
River Falls	River Falls Area Hospital	2,771.15
Shawano	Shawano Medical Center	1,945.56
Sheboygan	Sheboygan Memorial/Valley View Medical Center	2,414.85
Sheboygan	St. Nicholas Hospital	1,870.69
Shell Lake	Indianhead Medical Center Shell Lake, Inc.	1,889.70
Sparta	Franciscan Skemp Healthcare-Sparta	2,503.34
Spooner	Spooner Health System	2,063.49
St. Croix Falls	St. Croix Regional Medical Center, Inc.	2,738.80
Stanley	Victory Medical Center	2,768.09
Stevens Point	Saint Michael's Hospital	2,016.21
Stoughton	Stoughton Hospital Association	1,945.35
Sturgeon Bay	Door County Memorial Hospital	3,027.83
Superior	St. Mary's Hospital of Superior	1,959.67
Tomah	Tomah Memorial Hospital, Inc.	1,660.85

* Average Daily Charge is the sum of Gross Inpatient Revenue and Gross Inpatient Ancillary Revenue divided by Total Discharge Days.

30.9.0 Hospital Daily Rates

Tomahawk	Sacred Heart Hospital, Inc.	1,350.84
Two Rivers	Aurora Medical Center of Manitowoc City, Inc.	2,441.01
Viroqua	Vernon Memorial Hospital	2,196.89
Waterford	Lakeview NeuroRehab Center Midwest	1,655.79
Watertown	Watertown Memorial Hospital	2,476.15
Waukesha	Waukesha County Mental Health Center	694.85
Waukesha	Waukesha Memorial Hospital, Inc.	2,691.44
Waupaca	Riverside Medical Center	1,958.61
Waupun	Waupun Memorial Hospital	1,903.18
Wausau	North Central Health Care Facilities	694.88
Wausau	Wausau Hospital	2,602.82
Wauwatosa	Aurora Psychiatric Hospital	1,075.72
West Allis	Rogers Memorial Hospital - Milwaukee	1,674.72
West Allis	Select Specialty Hospital	2,372.35
West Allis	West Allis Memorial Hospital	3,282.94
West Bend	St. Joseph's Community Hospital	1,758.48
Whitehall	Tri-County Memorial Hospital, Inc.	2,472.95
Wild Rose	Wild Rose Community Memorial Hospital Inc.	2,077.47
Winnebago	Winnebago Mental Health Institute	457.54
Wisconsin Rapids	Riverview Hospital Association	1,934.27
Woodruff	Howard Young Medical Center, Inc.	2,509.65

Data Source: Gross Inpatient Revenue and Total Discharge Days, 2001 Wisconsin Hospital Fiscal Survey

* Average Daily Charge is the sum of Gross Inpatient Revenue and Gross Inpatient Ancillary Revenue divided by Total Discharge Days.

30.10.0 Life Expectancy Table

male age at annuity/trust settlement option	male projected life expectancy
0	71
1	71
2	71
3	71
4	71
5	71
6	71
7	72
8	72
9	72
10	72
11	72
12	72
13	72
14	72
15	72
16	72
17	72
18	72
19	72
20	73
21	73
22	73
23	73
24	73
25	73
26	73
27	73
28	73
29	73
30	73
31	73
32	73
33	73
34	74
35	74
36	74
37	74
38	74
39	74
40	74
41	74
42	75
43	75
44	75
45	75
46	75

female age at annuity/trust settlement option	female projected life expectancy
0	76
1	76
2	76
3	76
4	76
5	76
6	76
7	76
8	76
9	76
10	76
11	76
12	77
13	77
14	77
15	77
16	77
17	77
18	77
19	77
20	77
21	77
22	77
23	77
24	77
25	78
26	78
27	78
28	78
29	78
30	78
31	78
32	78
33	78
34	78
35	78
36	78
37	78
38	78
39	79
40	79
41	79
42	79
43	79
44	79
45	79
46	79

30.10.0 Life Expectancy Table

male age at annuity/trust settlement option	male projected life expectancy
47	75
48	76
49	76
50	76
51	76
52	76
53	77
54	77
55	77
56	77
57	78
58	78
59	78
60	79
61	79
62	79
63	80
64	80
65	80
66	81
67	81
68	82
69	82
70	83
71	83
72	83
73	84
74	85
75	85
76	86
77	86
78	87
79	87
80	88
81	89
82	89
83	90
84	90
85	91
86	92
87	93
88	93
89	94
90	95
91	95
92	96
93	97

female age at annuity/trust settlement option	female projected life expectancy
47	80
48	80
49	80
50	80
51	80
52	80
53	81
54	81
55	81
56	81
57	81
58	82
59	82
60	82
61	82
62	83
63	83
64	83
65	84
66	84
67	84
68	85
69	85
70	85
71	86
72	86
73	87
74	87
75	88
76	88
77	88
78	89
79	90
80	90
81	91
82	91
83	92
84	92
85	93
86	94
87	94
88	95
89	95
90	96
91	97
92	98
93	98

30.10.0 Life Expectancy Table

male age at annuity/trust settlement option	male projected life expectancy
94	98
95	99
96	99
97	100
98	101
99	102
100	103
101	103
102	104
103	105
104	106
105	107
106	107
107	108
108	109
109	110
110	111
111	111
112	112
113	113
114	114
115	115

female age at annuity/trust settlement option	female projected life expectancy
94	99
95	100
96	100
97	101
98	102
99	103
100	104
101	104
102	105
103	106
104	107
105	108
106	108
107	109
108	110
109	111
110	112
111	112
112	113
113	114
114	115
115	116

30.11.0 BadgerCare Premiums

BadgerCare Premiums- Income exceeds 150% of the FPL

From	To	Premium
\$1,000	\$1,499.99	\$30
\$1,500	\$1,999.99	\$45
\$2,000	\$2,499.99	\$60
\$2,500	\$2,999.99	\$75
\$3,000	\$3,499.99	\$90
\$3,500	\$3,999.99	\$105
\$4,000	\$4,499.99	\$120
\$4,500	\$4,999.99	\$135
\$5,000	\$5,499.99	\$150
\$5,500	\$5,999.99	\$165
\$6,000	\$6,499.99	\$180
\$6,500	\$6,999.99	\$195
\$7,000	\$7,499.99	\$210
\$7,500	\$7,999.99	\$225
\$8,000	\$8,499.99	\$240
\$8,500	\$8,999.99	\$255
\$9,000	\$9,499.99	\$270
\$9,500	\$9,999.99	\$285
\$10,000	\$10,499.99	\$300

30.12.0 FC DEDUCTIONS AND ALLOWANCES

30.12.0 FC Deductions and Allowances

	Description	Amount
1	Basic Asset Allowance	
	<ul style="list-style-type: none"> Nursing Home (NH), Community Based Residential facility (CBRF), or Adult Family Home (AFH) Disregard Residential Care Apartment Complex (RCAC or other community setting disregard 	<p>\$9,000.00</p> <p>\$12,000.00</p>
2	Basic Needs Allowance	
	<ul style="list-style-type: none"> Nursing Home (NH), Community Based Residential facility (CBRF), or Adult Family Home (AFH) 	\$65.00
3	Projected Cost of Care	
	<ul style="list-style-type: none"> Comprehensive or Comprehensive Nursing Home Level of Care Grandfather or Intermediate Level of Care 	<p>\$3307.00</p> <p>\$637.00</p>

30.13.0 MAPP Premiums

MAPP Premiums - Income exceeds 150% of the FPL

MAPP PREMIUM SCHEDULE					
Sum of Adjusted Countable Unearned and Adjusted Earned Income			The premium is:		
FROM	TO	PREMIUM	FROM	TO	PREMIUM
\$0	\$25.00	\$0.00	500.01	525.00	500.00
25.01	50.00	25.00	550.01	575.00	550.00
50.01	75.00	50.00	575.01	600.00	575.00
75.01	100.00	75.00	600.01	625.00	600.00
100.01	125.00	100.00	625.01	650.00	625.00
125.01	150.00	125.00	650.01	675.00	650.00
150.01	175.00	150.00	675.01	700.00	675.00
175.01	200.00	175.00	700.01	725.00	700.00
200.01	225.00	200.00	725.01	750.00	725.00
225.01	250.00	225.00	750.01	775.00	750.00
250.01	275.00	250.00	775.01	800.00	775.00
275.01	300.00	275.00	800.01	825.00	800.00
300.01	325.00	300.00	825.01	850.00	825.00
325.01	350.00	325.00	850.01	875.00	850.00
350.01	375.00	350.00	875.01	900.00	875.00
375.01	400.00	375.00	900.01	925.00	900.00
400.01	425.00	400.00	925.01	950.00	925.00
425.01	450.00	425.00	950.01	975.00	950.00
450.01	475.00	450.00	975.01	1000.00	975.00
475.01	500.00	475.00	1000.01	1025.00	1000.00

If the subtotal from the MAPP Premium Calculation Worksheet is more than \$1,025 a month, the premium is equal to the exact whole dollar amount of the subtotal.

30.14.0 SENIORCARE INCOME LIMITS

Group Size	Level 1 ≤160% FPL	Level 2		Level 3 >240% FPL
		>160% FPL	≤240% FPL	
1	\$14,368	\$14,369	\$21,552	\$21,553
2	\$19,392	\$19,393	\$29,088	\$29,089